PTO/SB/06 (07-06)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875  |  |   |                                      |   |                  |     | Application or Docket Number 10/008,229 |                        |    | ing Date<br>30/2001   | To be Mailed               |  |
|--|--|---|--------------------------------------|---|------------------|-----|---|------------------------|----|-----------------------|----------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2)  |  |   |                                      |   |                  |     | SMALL ENTITY 🛛                          |                        |    |                       | HER THAN                   |  |
| ⊢  | FOR  |   | NUMBER FILED                         |   | NUMBER EXTRA     |     | RATE (\$)                               | FEE (\$)               | OR | RATE (\$)             | FEE (\$)                   |  |
| $\vdash$   | BASIC FEE  | _   | N/A                                  | .ED INON  | N/A              |     | N/A                                     | FEL (a)                | ł  | N/A                   | FEL (#)                    |  |
| H  | (37 CFR 1.16(a), (b),  | or (c))                                   | -                                    |   |                  |     |   |                        | ı  | <u> </u>              |                            |  |
| 岸  | SEARCH FEE<br>(37 CFR 1.16(k), (i), (                              |   | N/A                                  |   | N/A              |     | N/A                                     |                        |    | N/A                   |                            |  |
|  | (37 CFR 1.16(o), (p),  | E<br>or (q))                              | N/A                                  |   | N/A              |     | N/A                                     |                        |    | N/A                   |                            |  |
| (37  | TAL CLAIMS<br>CFR 1.16(i))   |   | minus 20 = *                         |   |                  |     | x \$ =                                  |                        | OR | x \$ =                |                            |  |
|  | DEPENDENT CLAIM<br>CFR 1.16(h))                                    | IS  | minus 3 = *                          |   |                  | ] [ | x \$ =                                  |                        |    | x \$ =                |                            |  |
|  | APPLICATION SIZE<br>(37 CFR 1.16(s))                               | FEE shee is \$2 addit                     | ts of pap<br>50 (\$125<br>ional 50 s | gs exceed 100<br>in size fee due<br>for each<br>in thereof. See<br>CFR 1.16(s). |                  |     |   |                        |    |                       |                            |  |
|  | MULTIPLE DEPEN   | DENT CLAIM PR                             | ESENT (3                             | 7 CFR 1.16(j))  |                  | IJ  |   |                        | ]  |                       |                            |  |
| * If   | the difference in colu   | r "0" in column 2.                        |                                      | TOTAL   |                  | ]   | TOTAL                                   |                        |    |                       |                            |  |
|  | APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3) |   |                                      |   |                  |     |   | SMALL ENTITY OR        |    |                       | OTHER THAN<br>SMALL ENTITY |  |
| TN   | 12/01/2009   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                     | PRESENT<br>EXTRA |     | RATE (\$)                               | ADDITIONAL<br>FEE (\$) |    | RATE (\$)             | ADDITIONAL<br>FEE (\$)     |  |
| AMENDMENT  | Total (37 CFR<br>1.18(i))  | • 20                                      | Minus                                | ·· 20   | = 0              | П   | X \$26 =                                | 0                      | OR | x s =                 |                            |  |
|  | Independent<br>(37 CFR 1.16(h))                                    | • 3                                       | Minus                                | <b></b> 3   | = 0              | 1   | X \$110 =                               | 0                      | OR | x s =                 |                            |  |
| ME   | Application Size Fee (37 CFR 1.16(s))                              |   |                                      |   |                  |     |   |                        |    |                       |                            |  |
| `  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))    |   |                                      |   |                  |     |   |                        | OR |                       |                            |  |
|  |  |   |                                      |   |                  | •   | TOTAL<br>ADD'L<br>FEE                   | 0                      | OR | TOTAL<br>ADD'L<br>FEE |                            |  |
|  |  | (Column 1)                                |                                      | (Column 2)  | (Column 3)       |     |   |                        |    |                       |                            |  |
| L  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                     | PRESENT<br>EXTRA |     | RATE (\$)                               | ADDITIONAL<br>FEE (\$) |    | RATE (\$)             | ADDITIONAL<br>FEE (\$)     |  |
|  | Total (37 CFR<br>1,16(i))  |   | Minus                                |   | -                | l   | x \$ =                                  |                        | OR | x s =                 |                            |  |
| AMENDMENT  | Independent<br>(37 CFR 1.16(h))                                    |   | Minus                                | ***   | =                | ]   | x \$ =                                  |                        | OR | x s =                 |                            |  |
| Ξ.   | Application Size Fee (37 CFR 1.16(s))                              |   |                                      |   |                  | ]   |   |                        | 1  |                       |                            |  |
| AM   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))    |   |                                      |   |                  | 1   |   |                        | OR |                       |                            |  |
| Γ  |  |   |                                      |   |                  | •   | TOTAL<br>ADD'L<br>FEE                   |                        | OR | TOTAL<br>ADD'L<br>FEE |                            |  |
| If the entry in column 1 is less than the entry in column 2, water "or in column 3.  If the "Highest Number Previously Paid For IN THIS SPACE is less than 8.0 enter "20".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  DAVINA G. BUTILER!  DAVINA G. BUTILER!  DAVINA G. BUTILER! |  |   |                                      |   |                  |     |   |                        |    |                       |                            |  |

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line face by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in the 92 annuates to complete, another implication, preparing, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS